

Inside an Outbreak: A GI Exercise

Karen Sautbine, RN, MSN
LindenGrove, Inc.

1

Agenda

- Introductions of the facilitators
- Goals and Objectives
- Exercise Format
 - Part 1: Outbreak Recognition
 - Part 2: Outbreak Management
 - Part 3: Summarize Best Practices

2

Goal/Objectives

Goal

To increase preparedness for response to GI outbreak in LTC

Objectives

- Participants will identify key action items to identify a potential or actual Gastrointestinal Outbreak.
- Participants will understand the steps necessary to contain and manage a Gastrointestinal Outbreak.
- Participants will be able to apply knowledge through sharing and case studies of best practice scenarios for Gastrointestinal Outbreaks.

3

Exercise Format

- Outbreak Recognition: Decision and Responses
 - 5 Minutes to discuss amongst yourselves
 - 5 Minutes to discuss as a large group
- Outbreak Management: Decisions and Responses
 - 5 Minutes to discuss amongst yourselves
 - 5 Minutes to discuss as a large group
- Summarize/Debrief at the end of the exercise

4

Part 1: Outbreak Recognition

5

Outbreak Recognition- Definition of an Outbreak

3 or more residents and/or staff who develop new onset of vomiting and/or diarrhea within one to two days

"Recommendations for the Prevention and Control of Viral Gastroenteritis Outbreaks in Wisconsin Long-Term Care Facilities". Wisconsin Division of Public Health Bureau of Communicable Diseases. 10/20/2009.

http://www.dhs.wisconsin.gov/rl_dsl/Training/dphLTCrecommendations.pdf

Norovirus Disease Fact Sheet

<http://www.dhs.wisconsin.gov/publications/p4/p42075.pdf>

6

Outbreak Recognition- Scenario

January 15

- 3/13 employees from unit B call in with GI symptoms
- Unit Quarantined
- 1/33 residents with symptoms in afternoon on same unit

January 16

- 1/33 new resident on unit A with symptoms

January 17

- 1/33 new resident and 1 employee on unit B with symptoms

January 18

- 1/13 new staff unit C with symptoms

7

Outbreak Recognition- Best Practices

- ✓ Staff to report all loose stools
- ✓ Staff to report change in food/fluid habits
- ✓ Staff to report change in ADL status.
“Stop and Watch” tool from Interact II
- ✓ Shift to shift report
- ✓ Surveillance/walking rounds
- ✓ Monitor employee sick calls

Source:

AMDA Clinical Practice Guideline. *Common Infections in the Long-Term Care Setting.*

8

Outbreak Recognition Best Practices- Cont.

- ✓ Unit nurse communicates to the IP or Shift supervisor
- ✓ Change of shift report
- ✓ IP does walking surveillance rounds daily (minimum)
- ✓ Off shift supervisor does walking surveillance rounds
- ✓ Report suspected outbreak to the IP

9

Outbreak Recognition- Testing and Line Lists

- ✓ Start Testing
 - Sending stool specs to lab for diagnostic confirmation
 - Local Health Department can approve 'fee-exempt' stool testing at the Wisconsin State Laboratory of Hygiene
- ✓ Start a Line List
 - One for residents, break it down by unit.
 - Another line list for staff, break it down by department

10

Recognition Questions to Ask

- How/who determines we have a problem?
- What information is needed for the currently known or suspected cases?
- What needs to be communicated and to whom at this stage?
- Any actions?

15

Part 2: Outbreak Management

16

Outbreak Management- Plan

Have a PLAN, in advance that all shifts have access to/knowledge of:

- Notification
- Management of residents
- Management of staff
- Management of environment
- Management of laundry
- Management of visitors

Source:

Recommendations for the Prevention and Control of Viral Gastroenteritis Outbreaks in WI LTC Facilities

17

Outbreak Management- Events

Week 1

- 10/52 staff & 3/135 residents

Week 2

- 5/52 staff & 11/135 residents

Week 3

- 7/52 staff & 8/135 residents

Week 4

- 4/52 staff – 6/135 residents

Week 5

- 2/52 staff & 1/135 resident

Week 6: clear

18

Outbreak Management

Follow the Plan “After Hours Binder” so that the Unit Nurse/Supervisor can begin

- ✓ Isolation
- ✓ Notification
- ✓ Management
- ✓ Environment

Use the Resources to develop a checklist to complete

19

Outbreak Management- Best Practices

Communicate and Over Communicate

- Several times a day!

All departments from Activities to EVS

- Assist with developing plan in place for outbreaks
- Bleaching of the environment
- Limiting activities

Communicate with Public Health

20

Outbreak Management- IP Role

Infection Preventionist' s time to shine!

- ✓ Confirm Diagnosis
- ✓ Identify source or where this started
- ✓ Develop a system for finding suspected cases
- ✓ Identify mode of transmission
- ✓ Identify gaps in management practice and redirect the team

Source:
AMDA CPL Common Infections in LTC 2011

21

Outbreak Management Questions to Ask

- What is your plan to identify additional cases?
- How would you describe the data in terms of person, place and time?
- Is transmission occurring? How?
- How does your team finalize the action plan?
- How will you measure the results of your actions?

22



Part 3: Summarize Best Practices

23



Summarize Best Practices

- Recommendations for the Prevention and Control of Viral Gastroenteritis Outbreaks in Long-Term Care Facilities – WI Div. of Public Health. 2009
- AMDA Clinical Practice Guidelines, Common Infections in the LTC Setting. 2011
- Guideline for the Prevention and Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings, 2011

24

Best Practice Questions to Ask

Do you have a policy in your facility to deal with outbreaks?

- If no, who will you involved to develop one?
- If yes, does it have all the steps needed or will it require revision?

What do you need to implement to assist with outbreak management?

What resources will you need?

25

References

- http://www.dhs.wisconsin.gov/rl_dsl/Training/dphLTCrecommendations.pdf
- <http://www.dhs.wisconsin.gov/publications/p4/p42075.pdf>
- AMDA Clinical Practice Guideline. Common Infections in the Long-Term Care Setting 2011
- Recommendations for the Prevention and Control of Viral Gastroenteritis Outbreaks in WI LTC Facilities

26